Family Planning Programme

2410. SHRI B. K. HARIPRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the official bureaucratic approach to Family Planning has failed as reported in the "Times of India" dated 28th October, 1992; even though India embarked on Family Planning under the dynamic leadership of Late Raj Kumari Amrit Kaur in the early fifties;

(b) whether Government are aware of the criticism on the centralised, unilinear development model; and

(c) whether Government propose to evolve a separate profession population policy and implementation machinery without any interference from bureaucrats ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI S1DDHTRTHA) : (a) No, Sir. Appreciable success has been achieved under the Programme. A wide network of health and family welfare infrastructure to deliver both health and family planning services in the country has been set up. The crude birth rate has declined from 41.7 per 1000 population (1951—61) to 30.2 (SRS : 1990). total fertility rate has declined from 5.97 (1950—55) to 3.9 (1989), the infant mortality rate has declined from 146 per 1000 live births in 1951 to 80 (SRS : 1990) and the percentage of couples practising contraception has arisen from 10.4% in 1970-71 to 43.5% as on 31-3-1992. It is estimated that as a result of the Family Welfare Programme, approximately 142.98 million births have been averted in the country. Because of the implementation of the Family Planning Programme, the annual rate of growth of population during 1981—92 was 2.11% instead of 2.71%.

(b) The Family Welfare Programme is being implemented as a 100% centrally sponsored programme. While funds arc provided by the Government of India, the responsibility for implementation rests with the State Government. The State Government have been requested to prepare micro 4—419 RSS/93 plans, district-wise for differentiate implementation of the Family Welfare Programme in 90 demographically poor districts,

(c) No, Sir. A NDC Committee cm Population was constituted inter-alia, to identify effective Intervention strategies, both at macro and micro levels, on a holistic and multi-sectoral basis as inputs for a National Population Policy. This Committee has presented its Report.

Effects of Bhopal Gas Leak on Reproductive Functions of Women

2411. SHRI B. K. HARIPRASAD : WiU the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the effects of Bhopal gas leak tragedy on the reproductive functions of women in the area; and

(b) whether it is a fact that mal-farmed children are now a common occurrence amongst those affected as was revealed at. the recently held Permanent Peoples Tribunal hearings at Bhopal ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D, K. THARA DEVI SIDDHARTHA) : (a) The Indian Council of Medical Research (ICMR) has intimated that they conducted a study on 'Reproductive functions of females following toxic gas exposure' during the period between May, 1988 and October, 1989. The study showed a higher abortion rate in the exposed aren .v. comnarea to the control area

(b) In a study conducted by the ICMR on 'Pregnancy outcome in women exposed to toxic gas at Bhopal' the congenital malformation rate did not show any significant difference between the exposed and control area.

Minimum level of Nutrition Intake to Rural masses

2412. SHRI B. K. HARIPRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the findings of a UN (FAO) aided mal-